



Rev. 8/04

**Massachusetts
Department of
Revenue**

Form CTS-5A Stamp Order Form

Cigarette Tax Section, PO Box 7004, Boston MA, 02204. Phone (617) 887-5090; fax (617) 887-5879.

Name of stamper	Federal Identification number	License number	Date
Address	City/Town	State	Zip

Please furnish Massachusetts Cigarette Tax Stamps as specified below:

Denomination (cigarettes per pack)	No. of stamps	Face value	Compensation	Net amount
20		\$	\$	\$
25 (2 x 4)		\$	\$	\$
25 (1 x 10)		\$	\$	\$
		\$	\$	\$
Compensation is at the rate of \$1.85 per 600 stamps. One roll of 30,000 stamps = \$92.50.				Net amount due: \$

— DOR use only — Invoice number
Date paid

Each purchase of stamps on credit must be paid within 30 days after the date of purchase. All payments must be made by electronic funds transfer.Stamps to be: ☐ Picked up Shipped by: ☐ DOR ☐ Other: _____Stamps shipped by the DOR will **not** be guaranteed next day delivery.Address to be shipped to (if different than above). **Note:** Stamps cannot be shipped to a PO box or PO box Zip codes.

Address	City/Town	State	Zip
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Official signature

The bearer of this form is hereby and by virtue of the possession hereof appointed the agent of the above stamper to receive the stamps specified above, provided the official signature is in accordance with the signature and resolution on file with the Department of Revenue.

Stamps received by (sign in ink):

Department of Revenue use only

Order filled by	Delivered to	Posted
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Serial numbers. From	To	Number of rolls
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This is to certify that _____ stamps with a face value of \$_____ have been shipped/
picked up on _____. This purchase will be due on _____.